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08/14/2006

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/490,680	01/24/2000	Robert J. Monson	5360	7479

TITLE OF INVENTION: USER COUPLED WORKSPACE SHOCK ISOLATION SYSTEM

APPLN. TYPE	SMALL ENTITY	issue pee due	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL PEE(S) DUB	DATE DUE
nonprovisional	NO	\$1400	\$0	\$0	\$1400	11/14/2006
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WUJCIAK	ALFRED I	3632	248-618000			
CFR 1.363). Change of corresp Address form PTO/S "Fee Address" ind PTO/SB/47; Rev 03-4 Number is required. ASSIGNEE NAME A	b/122) attached. lication (or "Fee Address 02 or more recent) attacl ND RESIDENCE DAT	ange of Correspondence Indication form hed. Use of a Customer A TO BE PRINTED ON	or agents OR, alternative (2) the name of a single	I registered patent attornively, c firm (having as a membagent) and the names of upreys or agents. If no namprinted.	cra 2 p to le is 3	ument has been filed for
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